



We appreciate your interest in Credit Union of Texas! We know that you have many options when choosing a financial institution, thank you for allowing us the opportunity to serve you in this capacity.

Please complete the enclosed membership application form in full, sign in **black ink**, and return with the following:

- (1) Photocopy of your social security card
- (2) Photocopy of your current Texas driver's license
- (3) \$15.00 to establish membership (\$5.00 minimum deposit and \$10.00 membership fee)
- (4) Photocopy of a social security card and a current drivers license, unless a minor, for each joint owner or beneficiary you are adding to your account.

Any joint owner on the account must also sign the front of this application. We require a parent to sign as joint owner on all membership applications for minors. Married women should sign their given name.

If you are subject to back up withholding, please check the box under item 3 of this application.

Please note the account ownership and survivorship section on the reverse side of this agreement. Identify joint owners and/or beneficiaries and designate the applicable accounts in this section.

If you need any additional information or assistance, please call (972) 263-9497.

Sincerely,

CREDIT UNION OF TEXAS



CREDIT UNION OF TEXAS

MEMBERSHIP APPLICATION & ACCOUNT AUTHORIZATION

You can apply for membership at any branch or by mail to the following address:

CUofTX Member Services
P.O. Box 517028
Dallas, TX 75251-7028

Call Member Services at 972-263-9497 with any questions.

Credit Union Use Only

Name: _____

Account No. _____ Date: _____

****IMPORTANT****

In keeping with the **USA Patriot Act**, parties to new accounts are **required to provide copies of valid driver's licenses, which will be electronically scanned, and social security cards to process membership.** If you select a joint owner on your accounts, his or her signature, copy of driver's license and copy of social security card are also required. Opening your CUofTX Shares/Savings account requires a \$10 membership fee and a \$5 minimum deposit. If you wish to open a checking account, the minimum opening deposit is an additional \$100.

I. YOUR INFORMATION

Name (Last, First, Middle) _____ Date of Birth _____

SSN _____ Driver's License Number _____ E-Mail Address _____

Address (Street, City, State, Zip) _____

Home Phone Number _____ Mother's Maiden Name _____

Employer _____ Position/Title _____ Work Telephone Number _____

How Are You Eligible For Membership?

- Employer _____ Live or work in a community charter area
 Family member of someone eligible for membership _____ Student of higher learning institution

Someone Who Will Always Know Your Location:

Name _____ Telephone Number _____

Address (Street, City, State, Zip) _____

Please list any CUofTX members you are related to _____

2. WHICH ACCOUNTS DO YOU WANT TO OPEN?

- Shares (required) Savings (type: _____) Checking (type: _____)
 Money Market (type: _____) Certificate of Deposit (type & term: _____)
 Interested in ATM card? Interested in Check Card (also ATM card)?

Are you interested in signing up for a Personal Identification Number (PIN) to use CUofTX Home Banking services, and Telephone Teller?

- Yes No

If you are opening a checking account and **DO NOT** want overdraft protection, please sign here:

Signature Declining Overdraft Protection _____

3. CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, by signing below, I certify (1) that the number shown on this form is my correct taxpayer identification number; (2) that, unless designated below, I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding; and, (3) I am a U.S. person (including a U.S. resident alien).

- I am subject to backup withholding

4. ACCOUNT OWNERSHIP AND SURVIVORSHIP

- Please refer to your Account Agreement for a description of the different types of account ownership available to you.
- If your account(s) will be multiple party, please identify joint owner(s) and/or POD (Payable on Death) beneficiary(ies), and any applicable account(s). With regard to Certificates of Deposit and any joint owner or POD beneficiary designated for a Certificate of Deposit account designated below, you agree that any such designation shall be applicable to any additional Certificate of Deposit purchased by you in the name of you and such joint owner or POD beneficiary unless a Subsequent Action Request and Authorization form is hereafter executed for any additional Certificate of Deposit.
- If a jointly owned account is to be designated without right to survivorship, member will draw a line through *With Right of Survivorship* and initial.

Continued...

4. ACCOUNT OWNERSHIP AND SURVIVORSHIP cont...

Joint Account With Right of Survivorship. If you select to have a joint owner on your account(s), complete the following:

1. List Specific Account(s) For This Joint Owner _____
 Name _____
 Address _____ Date of Birth _____
 Driver's License Number _____ SSN _____ CUofTX Account Number _____
 Relationship to Member _____ Mother's Maiden Name _____
 Home Telephone _____ Work Telephone _____

2. List Specific Account(s) For This Joint Owner _____
 Name _____
 Address _____ Date of Birth _____
 Driver's License Number _____ SSN _____ CUofTX Account Number _____
 Relationship to Member _____ Mother's Maiden Name _____
 Home Telephone _____ Work Telephone _____

Payable on Death (POD) Beneficiary. If you want POD beneficiaries on your account(s), complete the following:

1. List Specific Account(s) For This POD _____
 Name _____ Relationship to Member _____
 Address _____ Date of Birth _____
 Driver's License No. _____ SSN _____

2. List Specific Account(s) For This POD _____
 Name _____ Relationship to Member _____
 Address _____ Date of Birth _____
 Driver's License No. _____ SSN _____

5. SIGNATURE AND AUTHORIZATIONS

By signing below, I hereby make application for membership in Credit Union of Texas and agree to subscribe for at least one share. In considering this application and/or any request for financial services, I authorize the Credit Union to check my credit and employment history, to request and use reports regarding same, and to answer questions about its credit experience with me. I/we agree to conform to the Credit Union's rules, regulations, bylaws, and policies now in effect and as amended or adopted hereafter. I/we acknowledge receipt within 10 days of my account being opened of the Credit Union's Account Agreement, Truth-In-Savings Disclosure and Account Terms and Rate and Fee Schedule, Funds Availability Policy Disclosure, Electronic Funds Transfers Disclosure, and Privacy Policy which are incorporated into and made a part of this application and agree to the terms and conditions set forth therein and to any amendments the Credit Union makes from time to time. (The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.)

(Driver's licenses are imaged for identification purposes only.)

Member Signature _____ Date _____
 Joint Owner Signature _____ Date _____
 Joint Owner Signature _____ Date _____

For Credit Union Use Only

Member ID _____ Verified By _____
 Telecheck Code Member _____ Joint Owner _____
 F/M By _____ Date _____
 Audited By _____ Date _____

